

# Suicidality risk assessment in primary care

Symposium: Suicide risk assessment

16th European Symposium on Suicide and Suicidal  
Behavior, September 8th, Oviedo, Spain

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PrimeDep Team

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# Suicidality risk assessment in primary care

1.1. The PrimeDep project

1.2. Why should suicide risk be assessed in primary care?

1.3. How to assess suicide risk?

1.4. Does it work?

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Primary Care Mental Health Sustained  
Capacity-Building for Depression and  
Suicidal Behaviour

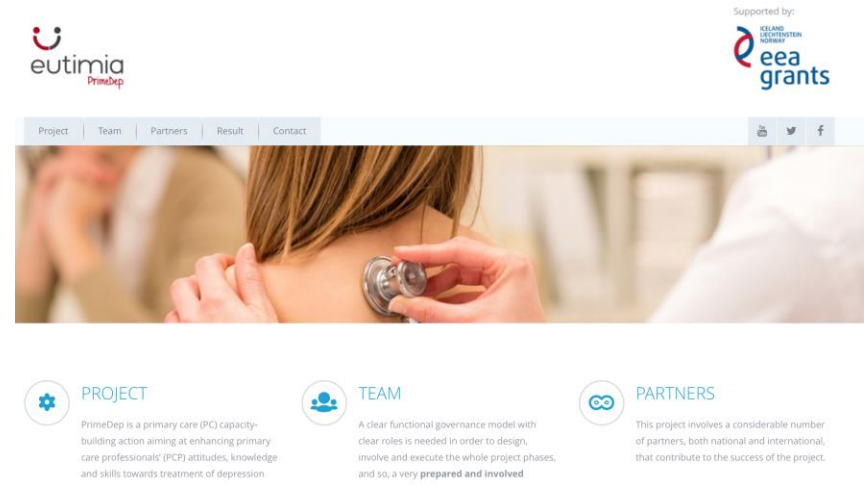
**PrimeDep**

[www.primedep.eutimia.pt](http://www.primedep.eutimia.pt)

## First, Depression

- REACH-OUT PCP: to inform, improve awareness and capacitate more than 4.000 PCP
- Focus on knowledge, attitudes and competencies
- Optimization of care for depression patients
- Suicide prevention

[www.primedep.eutimia.pt](http://www.primedep.eutimia.pt)



# PrimeDep = Upscale

## ARS ALGARVE

**ACES Barlavento:** Vila do Bispo, Aljezur, Lagos, Portimão, Lagoa, Silves, Monchique

**ACES Central:** Albufeira, Loulé, Faro, São Brás Alportel, Olhão

**ACES Sotavento:** Tavira, Alcoutim, Castro Marim, Vila Real de Santo António

## ARS ALENTEJO

**ACES Litoral Alentejano – ULSLA:** Sines, Odemira, Grândola, Santiago do Cacém, Alcácer do Sal

**ACES Baixo Alentejo – ULSBA:** Aljustrel, Almodôvar, Alvito, Castro Verde, Cuba, Beja, Barrancos, Ferreira do Alentejo, Mértola, Moura, Ourique, Serpa, Vidigueira

**ACES Alentejo Central:** Alandroal, Arraiolos, Borba, Estremoz, Mora, Redondo, Vila Viçosa, Évora, Montemor-o-Novo, Vendas Novas, Portel, Reguengos de Monsaraz, Mourão e Viana do Alentejo

## ARS LVT

**ACES Loures:** Loures e Odivelas

**ACES Oeiras-Lisboa Ocidental:** Oeiras, freguesias de Lisboa Ocidental

**ACES Cascais:** Cascais

## ARS NORTE

**ACES Matosinhos – ULSM:** Matosinhos

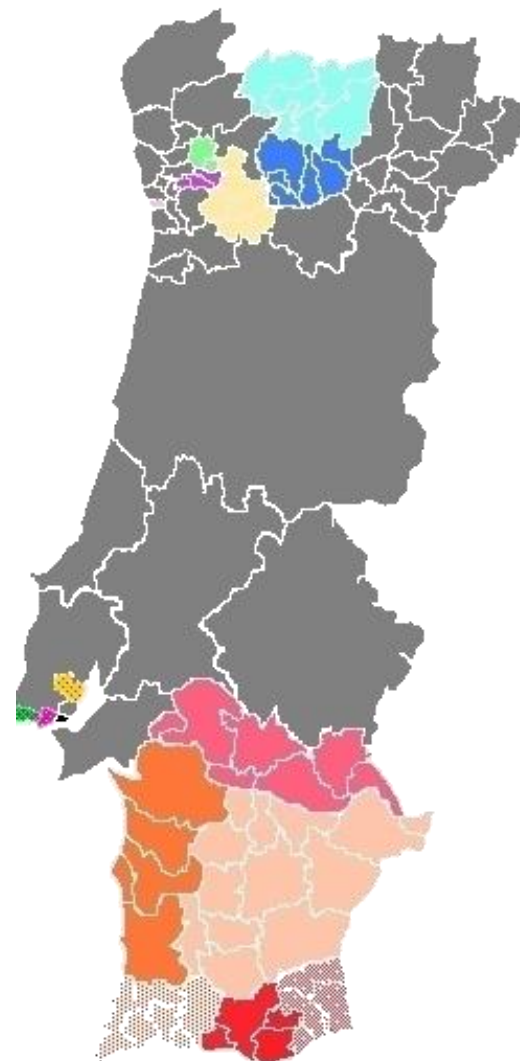
**ACES Marão e Douro Norte – Douro I:** Murça, Alijó, Vila Real, Sabrosa, Santa Marta de Pena Guião, Mesão Frio, Peso da Régua

**ACES Alto Tâmega e Barroso:** Montalegre, Chaves, Boticas, Vila Pouca de Aguiar, Valpaços, Ribeira da Pena

**ACES Tâmega III – Vale de Sousa Norte:** Paços de Ferreira, Lousada, Felgueiras

**ACES Baixo Tâmega:** Celorico de Basto, Amarante, Marco de Canaveses, Baião, Cinfães, Resende

**ACES Alto – Ave:** Guimarães, Vizela



4 health regions in 5  
15 Health centres in 55  
2.000.000 population of users

# Achieved implementation

- Level 1 – **20 training leaders** >30h00 psychiatrists, MH nurses, MH psychologists
- Level 2 – **950 capacitated PCP** 8h00 presential plus 4h00 e-learning
- Level 3 – **620 sensitised PCP** 1-2h00 presential
- Level 4 – **>4000 PCP reached** through newsletters

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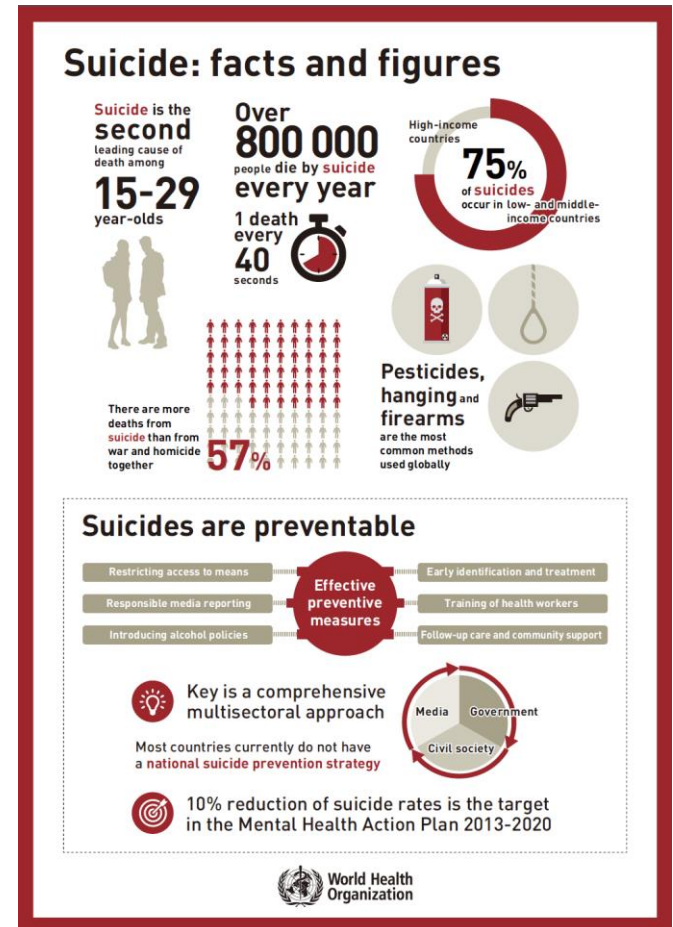
1.4. Does it work?



# WHO aims a global suicide reduction of 10% in the next years



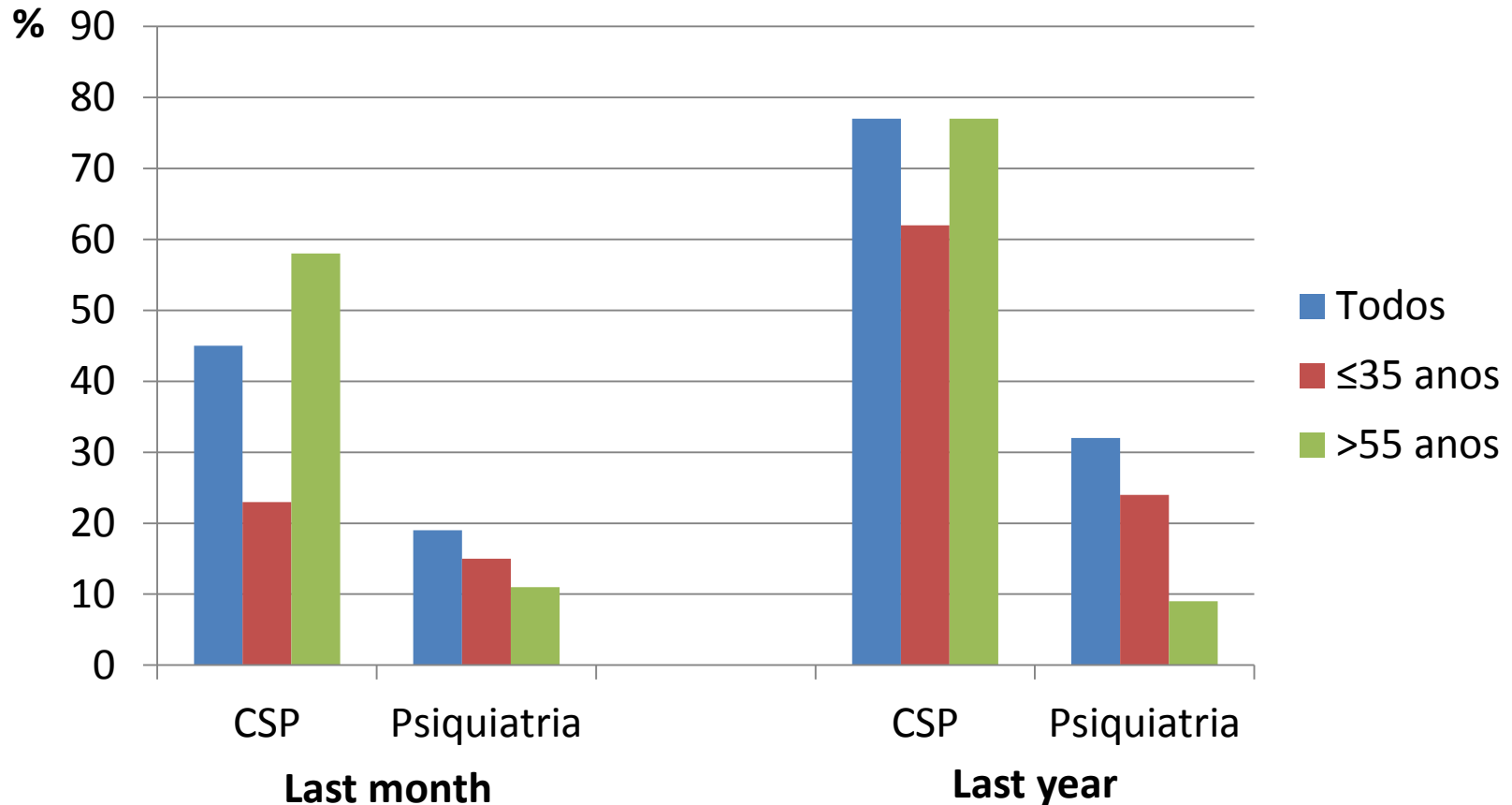
Care  
continuity



# Suicide burden

- © 13<sup>rd</sup> cause of death globally
- © 7th in Portugal
- © 2nd cause of death youth 15-24 years, in the world and Portugal
- © >90% secondarily to mental disorders in developed countries

# Contact with health services previous to suicide: meta-analysis of 40 studies



Luoma et al, Am J Psychiatry, 2002

Royal College of General Practitioners  
Position Statement

Mental Health and Primary Care



Arising from the RCGP Health Inequalities Study  
Conference held jointly with the National Institute for  
Mental Health in England (NIMHE), and the  
*Hard Lives: Living with Mental Health Inequalities*  
Birmingham, 26 March 2004

November 2005

Mental Health in Europe,  
role and contribution of Primary Care

POSITION PAPER 2006

europa  
european forum for primary care

# Mental Health

No health without  
mental health



**The time to act is now**

Integrate mental health in primary  
health care

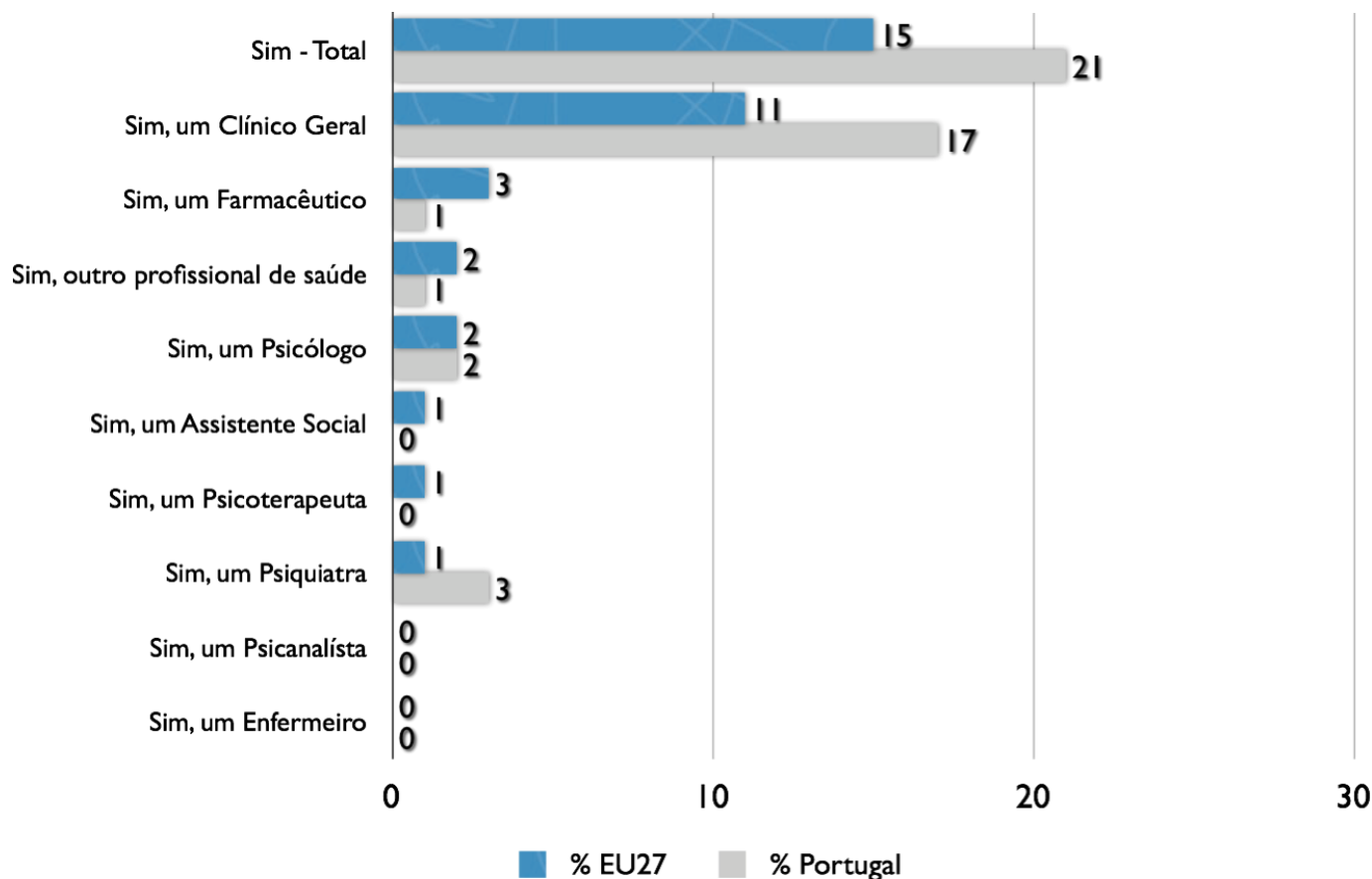
# The prevalence of psychiatric disorders and the need for treatment is significant

	Mild		Moderate to severe		All
SPAIN	5,3	58%	3,9	42%	9,2
ITALY	4,3	52%	3,9	48%	8,2
GERMANY	4,5	49%	4,5	49%	9,1
BELGIC	6,4	53%	5,7	48%	12,0
HOLLAND	8,8	59%	6,0	41%	14,8
FRANCE	9,7	53%	8,8	48%	18,4
UCRANE	8,2	40%	12,2	60%	20,4
<b>PORTUGAL</b>	7,3	32%	15,6	68%	22,9
EUA	9,2	35%	17,1	65%	26,3

World Mental Health Survey data

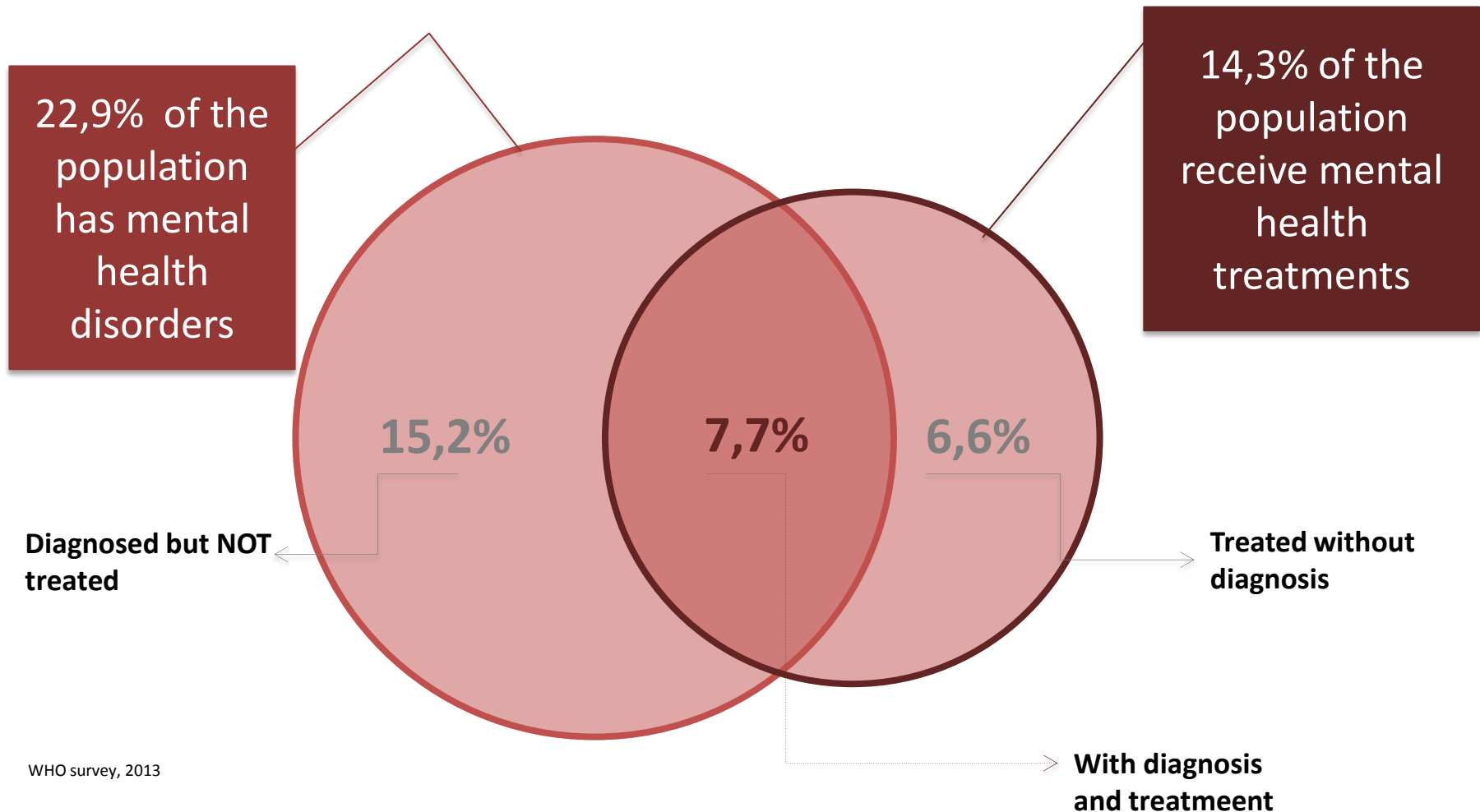
# Use of health care services (%)

## Professional help sought in the previous 12 months



Eurobarometer n.º 345 2010

# Treatment gap in Portugal



WHO survey, 2013







# Problem:

- In Portugal, and other European countries, on each 5-year period, at least one patient of a general practitioner dies by suicide
- Each year, only 2-3 patients of general practitioners incur on suicidal behaviors
- **Suicide is a public health problem but with low figures in the primary care practice**

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# FIRST: framework

1. screening
2. diagnosis and risk evaluation
3. choosing treatment, prescribing
4. treatment
5. monitoring
6. referral

## SECOND: Proper arrangements between primary and psychiatric care for follow-up and referral

### Primary care

#### Common mental disorders

Mild and moderate depression  
Anxiety disorders  
Somatization

#### Shared Care

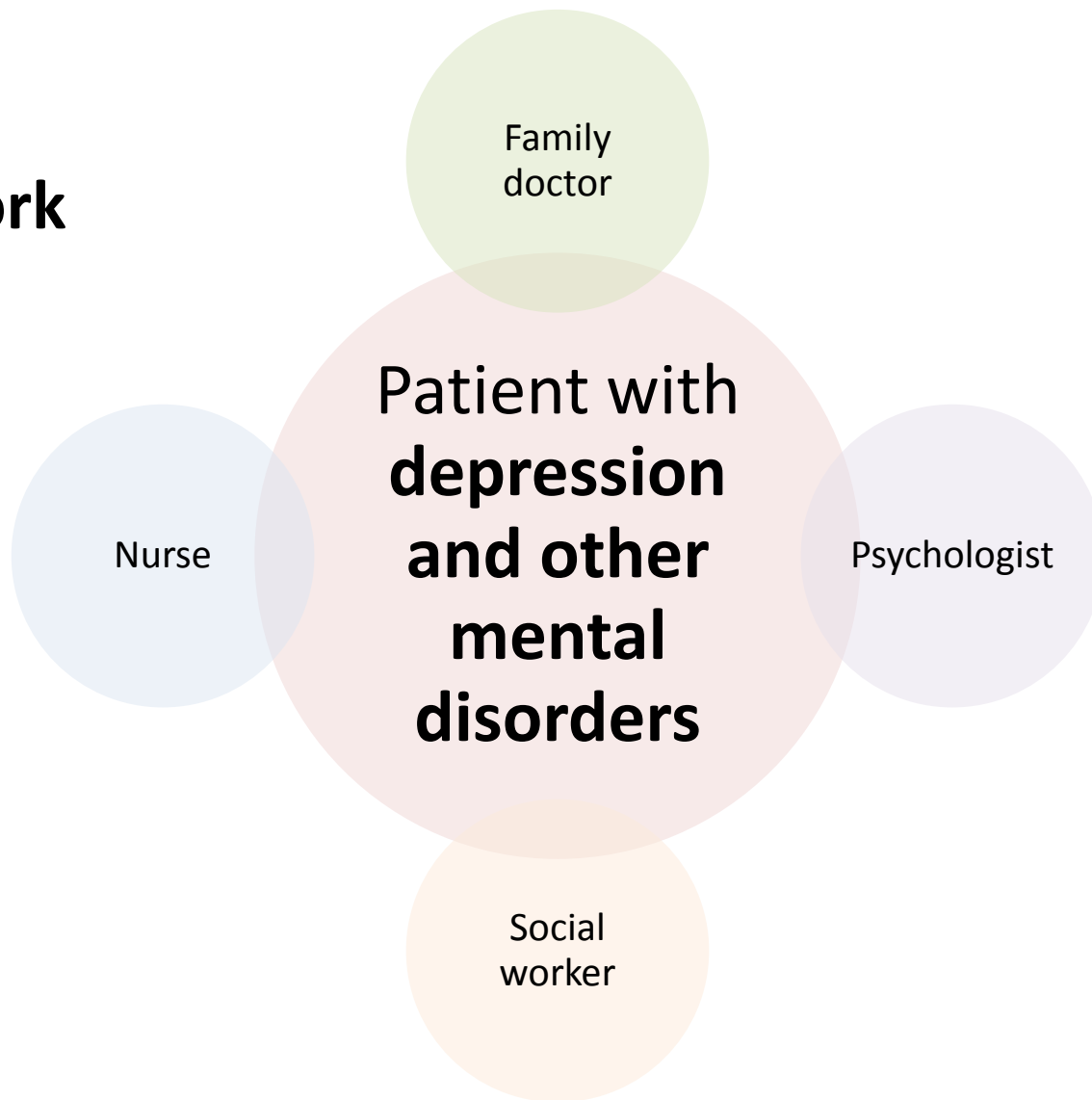
Recurrent Depression  
Dysthymia  
Dementia

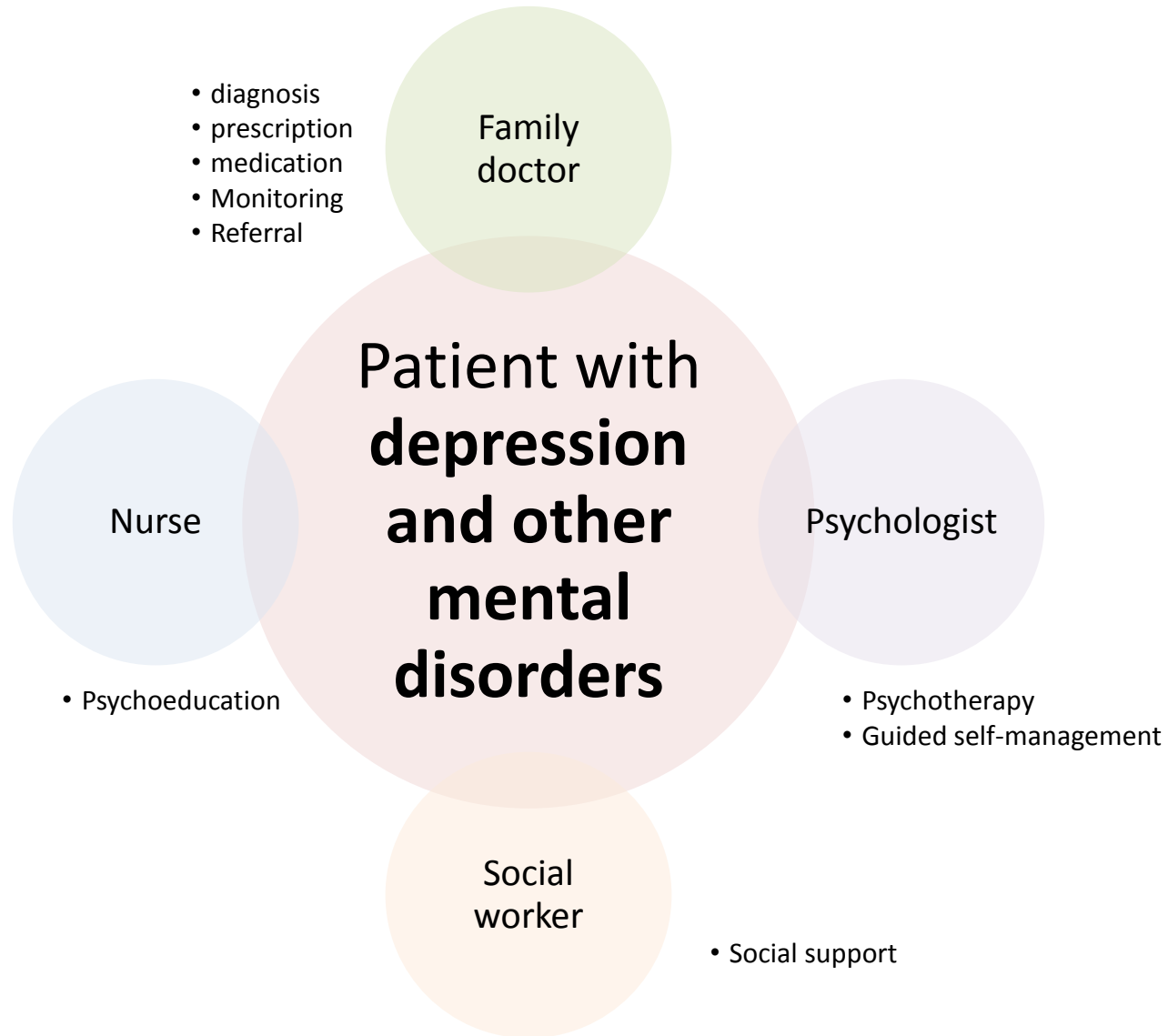
### Psychiatry and Mental Health Services

#### SEVERE MENTAL DISORDERS

Psychosis  
Mania and Bipolar I Depression  
Personality Disorders

## THIRD: team work





# To prevent suicide on the Primary Care:

## What can not fail?

## Which actions steps have to be done?

- 1. Screening** for new patients with depression as well as other mental disorders
- 2. Assess** all positive cases after the screening
3. Improve **security** of all known suicidal patients



# Screening: ask directly on suicidal ideas

General  Specific



With  
empathy...

*I can see that you have  
been having hard times  
lately*

...ask carefully, **but**

*Can you help me  
understanding how this has  
been hard for you?*



...ask **directly!**

*When do you feel down, did you  
ever thought that live does not  
worth living.*

*Have you ever tried to hurt or to  
kill yourself?*

# What **NOT to DO** when a patient answer yes to the question about suicidal thoughts or behaviors?

- **DO NOT** behave as his/her friend
- **DO NOT** try to understand or solve the underlying problems
- **DO NOT** agree to keep it confidential
- **DO NOT** reinforce the suicidal plans or thoughts

# What is a security plan to prevent suicide?

It is NOT an agreement to not commit suicide

It is an action plan done by the health care professional in agreement with the patient that gives guidance and also states what he/she should do in case of suicidal thoughts or impulses

# Screening of Depression: What should not fail?



- Always ask
  - about suicidal thoughts or plan
- In case the health professional has doubt
  - ask help of a professional with competence to perform an immediate assessment

# Assessment

## **Know your limits**

The assessment of suicidal risk must be done by  
specialized health care providers

# Assessment tools: (TASR)

- Checklist
- No score
- Dichotomous profile of risk
  - Present vs absent
  - Low vs high
- 3 risk areas
  - individual
  - symptoms
  - actual crisis

O Instrumento para Avaliação do Risco de Suicídio:TASR		
NOME: _____	Processo clínico #: _____	
<b>PERFIL DE RISCO INDIVIDUAL: ★</b>	<b>SIM</b>	<b>NÃO</b>
Sexo masculino		
Idades 15-35		
Idade superior a 65		
Historial familiar de suicídio		
Doença médica crónica		
Doença psiquiátrica		
Suporte social deficitário/isolamento social		
Abuso de substâncias		
Abuso sexual/físico		
<b>PERFIL DE RISCO DE SINTOMAS: ★ ★</b>	<b>SIM</b>	<b>NÃO</b>
Sintomas depressivos		
Sintomas psicóticos positivos		
Desesperança		
Desvalorização		
Anedonia		
Ansiedade/agitação		
Ataques de pânico		
Raiva		
Impulsividade		
<b>PERFIL DE RISCO DE ENTREVISTA: ★ ★ ★</b>	<b>SIM</b>	<b>NÃO</b>
Consumo recente de substâncias		
Ideação suicida		
Intenção suicida		
Plano suicida		
Acesso a meios letais		
Comportamento suicida prévio		
Para o doente, os problemas actuais parecem insolúveis		
Alucinações imperativas suicidas/violentas		

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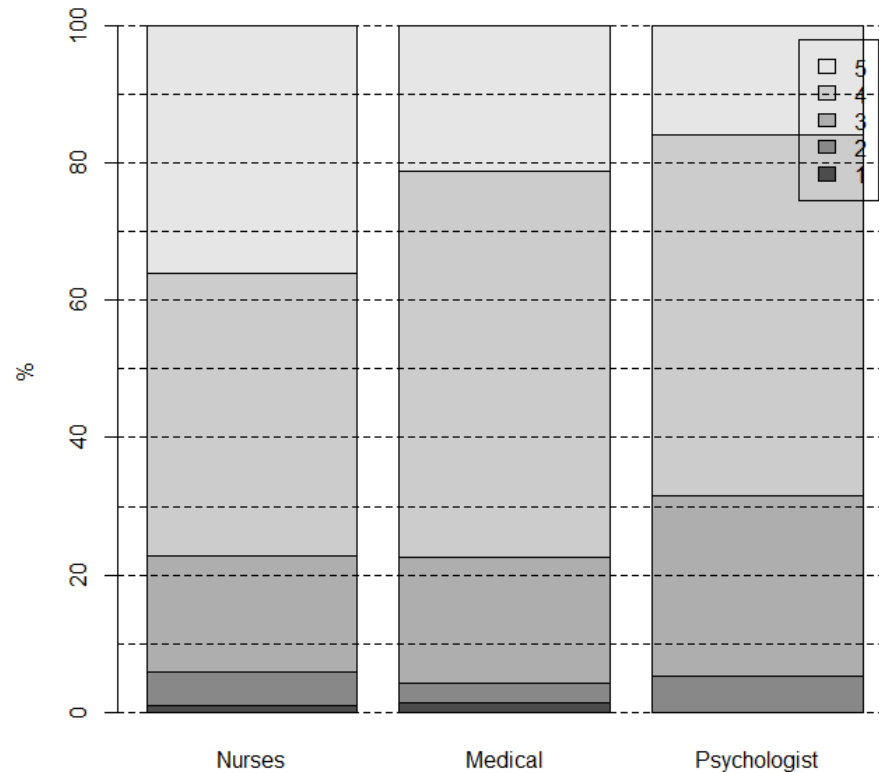
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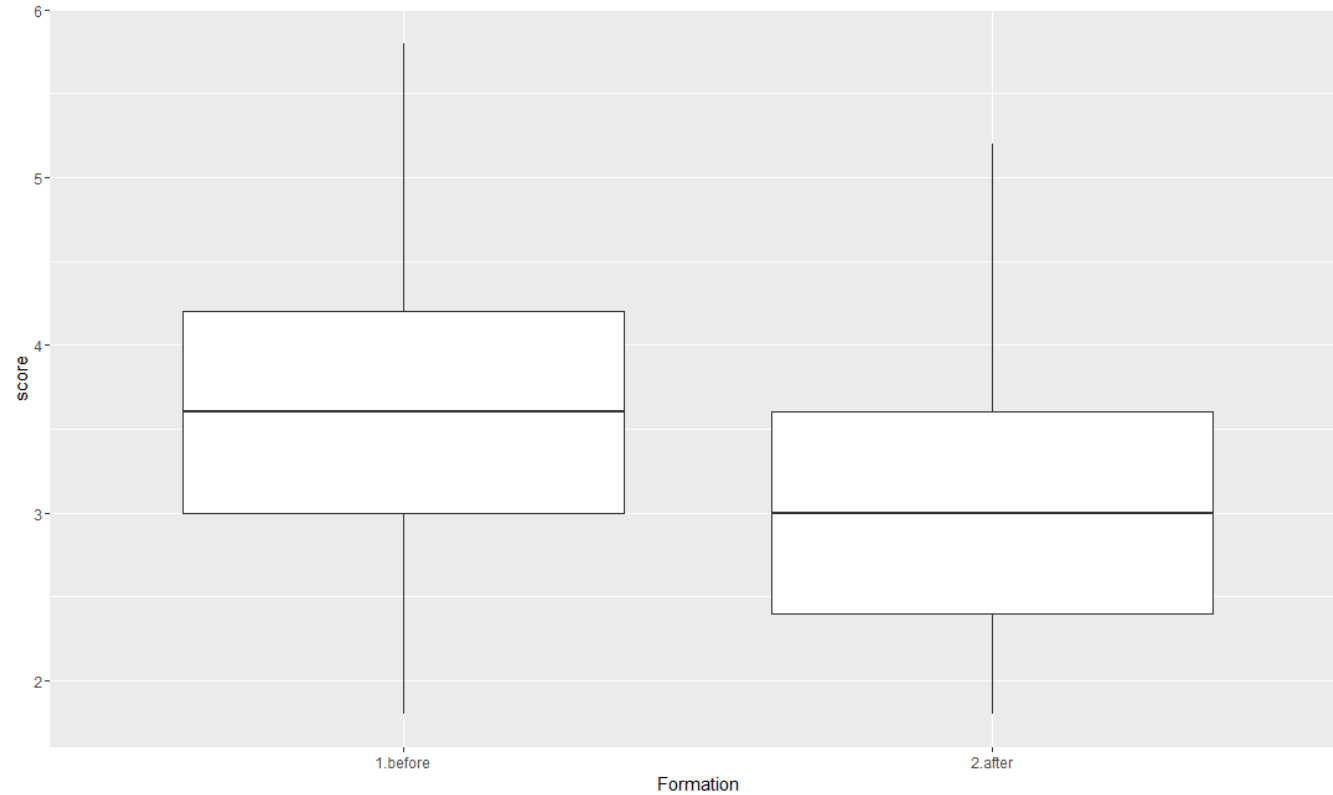
# PrimeDep: Satisfaction with trainings



In general, I assess this course as:  
**1=** very weak to **5=** Excelent



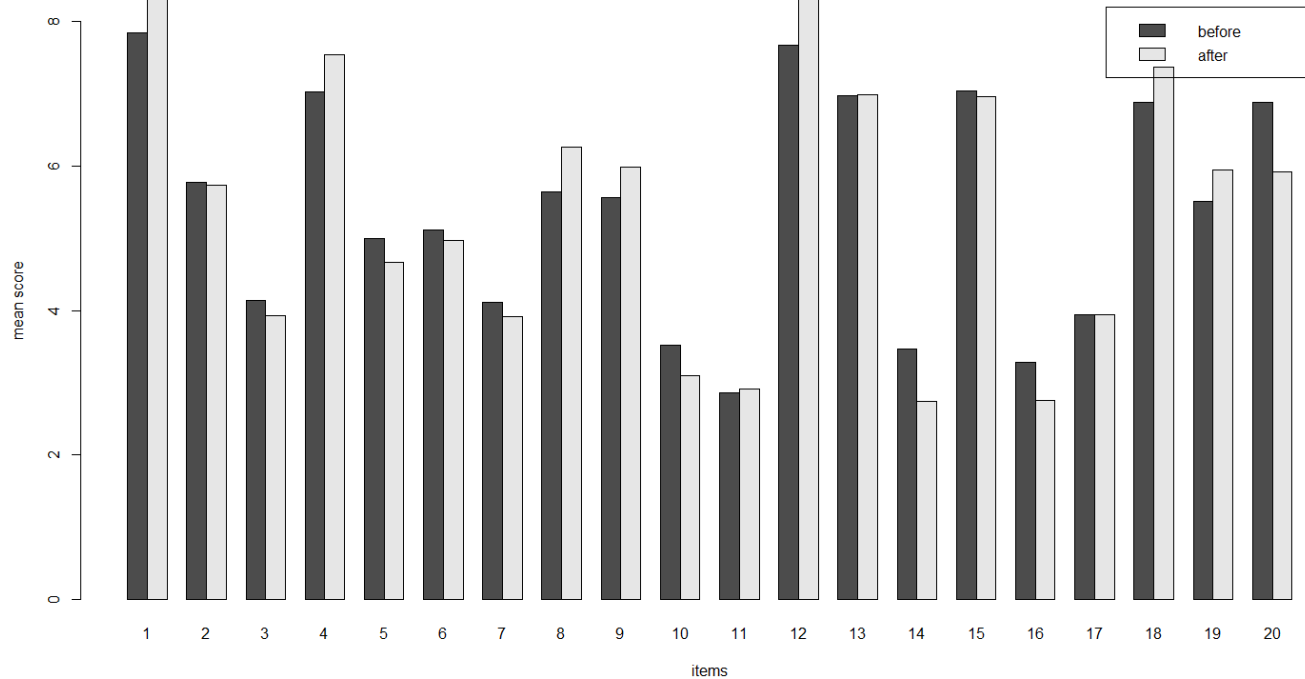
# Nurses: Depression Stigma Scale



*Personal subscale of the Depression Stigma Scale ( $p < 0.001$ )*

# GPs: Depression Attitudes Questionnaire

DAQ20



Questionnaire of attitude toward depression (Botega et al 1992)

# Acknowledgements



- **Prof. Ulrich Hegerl** (EAAD)
- **Prof. Stan Kutcher** (teenmentalhealth)
- **Prof. Lars Mehlum** (NSSF)





## Certificate

The Presentation entitled

**Suicidality risk assessment in primary care**

It has been presented by

Amílcar Silva dos Santos

Oviedo, September 10, 2016

Pilar A. Sáiz

Vice-President

Julio Bobes

President

